



## INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (R / 11-09)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management  
Office of Pollution Prevention and Technical Assistance  
100 North Senate Avenue  
MC 64-00, Room IGCS W041  
Indianapolis, IN 46204-2251  
Telephone: (800) 988-7901  
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[www.IN.gov/idem/4132.htm](http://www.IN.gov/idem/4132.htm)

**INSTRUCTIONS:** Please use this annual report form if you are a member of the Indiana Environmental Stewardship Program (ESP). Your annual performance report should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, FAX, mail, or e-mail the report to IDEM. If you have any questions, please contact the ESP program manager at 1-800-988-7901.

The Indiana ESP annual performance report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. Your annual performance report should cover the previous twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. Indiana ESP facilities must submit this annual performance report by April 1<sup>st</sup> of every year, for each calendar year in which the entity has been a member for at least three (3) full months.

Please do not include any confidential business information in your annual performance report. Public access laws require IDEM to make the Annual Performance Report publicly available, which may include posting all portions of your report on the Indiana ESP Web site.

### SECTION A

### FACILITY INFORMATION

Name of facility  
Total Interior Systems of America

Name of parent company (If applicable)  
Toyota Boshoku America

Street address (number and street)  
1698 S. 100 W

City / State / ZIP code  
Princeton, IN 47670

Facility/Company Web site  
N/A

### CONTACT INFORMATION

Contact name (Mr. / Mrs. / Ms. / Dr.)  
Mr. Jim Miller

Title  
Regional EHS Specialist

Telephone number  
812-253-7106

FAX number  
812-253-7175

E-mail address  
[Jim.Miller@tbamerica.com](mailto:Jim.Miller@tbamerica.com)

Mailing address (if different from facility address)  
Same as above

City / State / ZIP Code

### REPORTING PERIOD

Reporting period dates (month, day, year)  
January 1, 2009 to December 31, 2009

1a. Is this the third Annual Performance Report of your membership term?

- ☒ Yes—If yes, answer question 1b.  
☐ No—If no, skip to the "Change in Information" section of this report.

1b. Do you wish to renew your Indiana Environmental Stewardship Program membership?

- ☒ Yes—If yes, please complete all sections of this annual report.  
☐ No—If no, please complete all sections of this annual report except for Section D.

### CHANGE IN INFORMATION

In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any changes or additions to your facility's list of products or activities?

- ☐ Yes  
☒ No

If yes, please describe them:

**SECTION B****ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT****Why do we need this information?**

IDEM needs information on the performance and assessment of your Environmental Management System (EMS).

**What do you need to do?**

Please summarize your facility's EMS assessments. Attach additional documents if more space is needed.

1. Is your facility currently registered to a recognized third-party EMS standard?

☒ Yes—If yes, when was an EMS audit or other assessment last conducted by an independent third party at your facility?

Type (e.g., ISO 14001 certification) ISO 14001

Scope of the audit Annual Review of entire system

Month / year October 2009

☐ No—If no, when was an internal or corporate EMS audit last conducted at your facility?

Scope of the audit \_\_\_\_\_

Month / year \_\_\_\_\_

2. When did your facility last conduct an internal or corporate environmental compliance audit? Do not include inspections or site visits by regulatory organizations.

Scope of the audit Facility Compliance(Corporate Audit)

Month(s) / Year(s) 3/2010

Who conducted the audit(s) (e.g., facility staff, corporate, third party) Corporate Environmental

3. (Optional) Please describe any other audits that were conducted at your facility.

4. Has your facility corrected all instances of potential environmental non-compliance and EMS non-conformance identified during your audits and other assessments?

☒ Yes—If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s).

Labeling of Drums was improved, Plant communication,  
Alternates for when EHS specialist is out,etc.

☐ No—If no, please explain your plans to correct these instances.

☐ No such instances identified.

5. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans? We have had no plant emergencies, but we do have plans in place in the event this occurs.

6. When was the last Senior Management review of your EMS completed?

Month / Year October 2009

Who headed the review? Name and title Pat Summers Environmental Specialist

7. When did your facility last conduct a systematic identification or review of your environmental aspects?

Month/Year October 2009

8. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in Section C. You may limit the summary to environmental aspects that are *significant* and towards which *progress* has been made during the last calendar year. Attach additional sheets as necessary.

Environmental aspect	Progress made this year (e.g., quantitative or qualitative improvements, activities conducted)
C02 emissions	Reduce C02 Emissions by 10%
Recycling	Improved volume of waste sent to landfill

**SECTION C****ENVIRONMENTAL IMPROVEMENT INITIATIVE RESULTS****Why do we need this information?**

Facilities need to share the results of the environmental improvement initiative that was pursued during the reporting period.

**What do you need to do?**

Summarize your facility's progress on achieving the initiative you identified in the application or last year's Annual Performance Report.

Category	Haz waste	Baseline Quantity	Future Goal Quantity	Current Quantity	Cost Savings
Indicator	Reduction 10%				
Calendar year		2009	2009	2009	Reduced cost for shipment saving roughly \$1500.
Actual quantity (per year)		.21 pounds per seat set	.09 or less	.09 pounds per seat set	
Normalized quantity (per year)		.21 pounds per seat set	.09 or less	.09 pounds per seat set	
Basis for your normalizing factor (e.g., gallons of paint produced)	Amount of Haz waste shipped				
Measurement unit (e.g., pounds)	Pounds per seat set.				

Briefly describe how you achieved improvements for this environmental initiative or, if relevant, any circumstances that delayed progress.  
We achieved this through condensing the line size, which limited the amount of solvent needed to purge glue lines.

Please list any state, U.S. EPA, or other partnership programs to which you are reporting this data (e.g., Energy Star, Project XL).

N/A

(Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here.

## SECTION D

### ENVIRONMENTAL IMPROVEMENT INITIATIVES

#### Why do we need this information?

Facilities need to show they are committed to improving their environmental performance.

#### What do you need to do?

Identify your facility's next environmental improvement initiative. Refer to the Environmental Performance Table and answer the following questions.

- 1a. What **category** have you selected from the Environmental Performance Table? Material Procurement
- 1b. What **indicator** have you selected from the Environmental Performance Table? Recycled Content
- 1c. All measurements should represent the performance level for the indicator across the entire facility. For many indicators, you may choose to focus your initiative on a specific subset of the indicator (e.g., a specific material, process, VOC, group of toxic air emissions, or particular waste component). Does your initiative include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific process, substance, or component (e.g., ethane, cardboard)?

☒ All

☐ Specific

If your initiative is specific to a substance or component, please provide additional detail on your indicator (e.g., specific chemical to be reduced, specific waste component). Reduce Landfill Volume by 10% through initiative such as plastic regrinding, Aerosol can recycling, etc.

- 1d. What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? Look into a regrinder, so we can re-use waste plastic at the facility.

2. Does this initiative address a significant aspect in your EMS?

☒ Yes

☐ No—please explain why you believe this indicator should be included as an environmental improvement initiative: \_\_\_\_\_

3. Are you subject to Federal, State, tribal, or local regulatory requirements for this indicator?

☐ Yes—please explain how your initiative exceeds regulatory requirements: \_\_\_\_\_

☒ No

**Stop!** If the category listed in Question 1a is Energy Use, Waste, or Air Emissions for Total Greenhouse Gases, please skip Questions 4a – 4b below and turn to Appendix 1 to complete the questions pertaining to the category you listed in Question 1a. After completing the respective table in Appendix 1, return to this section and complete questions 5 and 6. Otherwise, continue answering questions 4-6 below.

- 4a. What units are you using to quantify this indicator? Pounds/Tons

- 4b. List the baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the future year.

<u>236 Tons</u>	Baseline quantity	Year <u>2009</u>
<u>212 Tons</u>	Future year quantity (not including production)	Year <u>2010</u>

5. Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal?

☐ Normalized goal (i.e., indexed to level of business in baseline year)

☒ Absolute goal (i.e., demonstrates improvement even if production increases)

6. Whether your goal is absolute or normalized, you need to provide normalizing factors and normalized quantities in your annual performance reports. Please briefly describe your basis for normalizing. Examples of potential normalizing basis include: gallons of paint produced, square feet of circuit boards sold, number of patients seen, dollars of sales adjusted for inflation, or number of employees (for R&D and administrative sites only).  
This will be based on seat sets produced and shipped.

## SECTION E

### PUBLIC OUTREACH AND PERFORMANCE REPORTING

#### Why do we need this information?

IDEM needs to know how environmental information was shared with the public.

#### What do you need to do?

Describe how the facility has shared and plans to share environmental information.

Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance.

We have met with Local Authorities(Police, Fire, Gouvernement) to make them aware of our targets and goals. We will continue to communicate with these groups. We also did earthy day activities in April 2009.

Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.

☐ Web site (<http://www.> ) ☐ Open house ☒ Meetings ☐ Press releases ☐ Community advisory panel

☐ Other

**SECTION F****ADDITIONAL INFORMATION****Why do we need this information?**

This information will help IDEM to effectively manage the Environmental Stewardship Program.

**What do you need to do?**

Answer the questions as completely as possible.

1. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months.  
n/a
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.  
n/a
3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration?  
n/a

**CERTIFICATION AND PLEDGE**

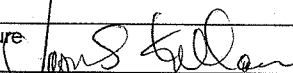
On behalf of (name of facility) Total Interior Systems of America (TISA)

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, TISA, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1<sup>st</sup> of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature



Title

Plant Manager

Date (month, day, year)  
4/10/2010

Printed signature  
Jason Kellams

Please mail, fax, or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

IDEM-OPPTA  
ESP Program Manager  
MC 64-00, Room IGCS W041  
100 North Senate Avenue  
Indianapolis, IN 46204-2251

FAX: 317-233-5627  
E-mail: [esp@idem.IN.gov](mailto:esp@idem.IN.gov)

## Audit Plan

GT002, rev. 2

Document # GF103-1

Release Date: 01/12/2007

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**Client:** Total Interior Systems of America

**Client ID#:** 3104997

**Audited site address:** RR1, Box 101, Country Road 100  
Princeton, IN 47670

**Audit criteria:**  
ISO 14001:2004

Pat Summers

**Activity:** EMS ReCertification Audit

**No. Employees:** 490

**Audit Days:** 4.0

**Client's Document(s):**  
EMS manual and related documents

**Scope of certification:**

Management of Environmental Aspects for the assembly of Automotive Seating and Components

**Audit objectives:**

- to recommend ☐ initial, ☐ amended or ☒ maintained certification of the Management System;
- to determine the extent of implementation and conformity of the organization's Management System with the audit criteria, Intertek's certification requirements and any customer specific requirement (if applicable);
- to evaluate the capability of the Management System to ensure compliance with statutory, regulatory and contractual requirements;
- to evaluate the suitability and effectiveness of the Management System in meeting the organization's objectives;
- to identify areas for potential improvement of the Management System;
- to follow-up on effectiveness of corrective action (if applicable).

**Audit scope and purpose:**

- to audit the client's effective compliance with their documented management system to the audit criteria identified above and processes/functions denoted below (for EMS/OHSMS activities, processes/functions will include all areas and operations identified within the scope of certification outlined above).

**Note:** The schedule below may be adjusted as deemed necessary, and times indicated are approximate.

<b>Auditor / Date:</b>	<b>Kevin Collins 2009.10.13 Tuesday</b>				
<b>Time:</b>	<b>Processes/Functions *</b>				
08:30	Opening Meeting				
	Review Env.Aspects,- Changes EMS requirements.				
	Site tour: interior assembly and support areas - Env.Aspects, controls, requirements, results.				
12:00	Lunch				
12:30	Review the performance of the management system over the period of certification; include the review of previous surveillance reports				
	Corrective Action Process – Implementation and maintenance				
17:00	Day one debrief				
17:30	Depart				

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	<b>2009.10.14 Wednesday</b>				
08:30	Compliance process – Legal Requirements, other (Customer, TIS corp, 5S); Procedures, roles and responsibilities, controls, monitoring, records, Results				
	Internal Audit: Planning, schedule, activity, results, follow-up.				
12:00-12:30	Lunch				
	Site Tour – Exterior Areas: Env.Aspects – EMS requirements (legal, other), procedures, monitoring, controls, results, records				
	Management Review, Env.Policy, Env.Performance, Environmental Objectives, records.				
	2 <sup>nd</sup> Shift Operations: Maintenance, Assembly, Support - EMS requirements, controls, monitoring. EP&R requirements, controls, monitoring				
17:30	Day two debrief - update				
18:00	Depart				
	<b>2009.10.15 Thursday</b>				
08:00	Supplier, Contractor – Env.Aspects and EMS requirements: Procedures, responsibilities, controls, monitoring communication, results, records				
	Emergency Preparedness and Response. Evaluation, communication, procedures, results, follow-up, records				
	Engineering. EMS requirements, procedures, controls, monitoring, results, records				
12:00 – 12:30	lunch				
	Quality: EMS requirements, procedures, controls, monitoring, results, records				
	Env.Objectives, Targets, Programs				
	EMS Communication process. Internal and External				
16:30 – 17:00	Day three debrief – update. Depart				
	<b>2009.10.16 Friday</b>				
06:00	1 <sup>st</sup> Shift Operations: Maintenance, Assembly, Support - EMS requirements, controls, monitoring. EP&R requirements, controls, monitoring				
	EMS Communication process. Internal and External				
	H.R. Training – EMS requirements, roles and responsibilities, procedures, results, follow-up, records				
11:30-12:00	Lunch				
	Waste and bi-product management. Pollution prevention				
	Document Management				

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14:00	Auditor debrief				
14:30	Closing Meeting				
15:00	Depart (flight depart 16:00 Evansville)				

\* Please refer GF103-3 - Audit Plan Matrix for linkages to the requirements of the standard being audited (applies to QMS only)

## Audit Plan

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### Elements to be verified during visits subsequent to initial certification:

#### Annually

	OK	NC	N/A
Review of management review plan, results and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of the tracking and follow-up on corrective and preventive actions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of the treatment of complaints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of continuing operational control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Annually - EMS additional topics

Review of relevant communications from external interested parties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The functioning of procedures for receiving, documenting and responding to relevant communications from external parties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The functioning of procedures for the periodic evaluation and review of compliance with relevant environmental legislation and regulations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress of planned activities aimed at the process of enhancing the EMS to achieve improvements in overall environmental performance in line with the client's policy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### At each visit

Review of internal audit plan, results and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of actions taken on nonconformities identified during the previous visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview with the client's responsible management for reviewing the effectiveness of the management system with regard to achieving the objectives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of the changes to the documented system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validate the scope of certification vs the scope of the system as specified in the organization's documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of areas subject to change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review approved exclusions and make sure they are still valid and if there are changes that justifications are acceptable and approve revise exclusions (to be documented in section 6 of GF103-6.1 and GF113)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Review of the progress of planned activities aimed at continual improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of the use of the mark and/or any other reference to certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records of appeals, complaints and disputes brought before Intertek, and where and nonconformity or failure to meet the requirements of certification is revealed, that the client has investigated its own system and procedures and taken appropriate corrective action	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The functioning of procedures for notifying management of any breaches.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Re-certification

Review the effectiveness of the management system in its entirety in light of internal and external changes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review the continued relevance and applicability to the scope of certification.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review the performance of the management system over the period of certification; include the review of previous surveillance reports and the confirmation that a new Stage I activity is not required.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For multiple sites; ensure adequate on-site audit coverage, including travel time from site to site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of the operation to the achievement of the client's stated policy and objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review demonstrated commitment to the improvement of the management system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Working and Reporting Language:** English

**Prepared by :** Kevin Collins

**Date:** 2009.9.22

☐ **As executed:**
**Date:**

**Note:** Intertek will consider this plan approved by the client, unless otherwise notified within 48 hours.